

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HO: 10</i>	<i>10</i>	<i>07/31-01</i>
O.I.P.E. CLASSIFIER		<i>5 C 844</i>	<i>8/9</i>
FORMALITY REVIEW	<i>T A</i>	<i>1021</i>	<i>09/04/01</i>
RESPONSE FORMALITY REVIEW	<i>ST</i>		<i>03/11/02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

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Jen  
05/11/02